

Privacy Internal Review application form

This is an application for review of conduct under:

- s53 of the NSW Privacy and Personal Information Protection Act 1998 (the PPIP Act)
- s21 of the NSW Health Records Information Privacy Act 2002 (the HRIP Act)

Please choose one. If you seek to apply under both Acts, it is recommended that you submit two applications. See www.ipc.nsw.gov.au for further information on the two Acts.

1	Name of the health service you are complaining about:
2	Your full name:
3	Your Australian postal address:
4	Your phone number: Your email address: I agree to receive correspondence at the above email address
5	<p>If you are complaining on behalf of someone else, please provide the following information about this person:</p> <p>Name:</p> <p>Postal address:</p> <p>Daytime telephone:</p> <p>Email:</p> <p>Describe your relationship to this other person e.g. parent, adult child, carer:</p> <p>Is the other person capable of making the complaint him or herself? Yes No I'm not sure</p> <p>Please provide proof that you have the legal authority to deal with the matter (guardianship order, power of attorney, their signed consent &/or proof of your relationship to the person).</p>
6	<p>What is the specific conduct you are complaining about? Conduct may include an action or decision that has breached your privacy, or a failure to protect privacy. Your application should describe:</p> <ul style="list-style-type: none"> • How your personal/health information was inappropriately collected; • How your personal/health information was inappropriately used or disclosed; • How your personal/health information is inaccurate; • How you were refused access to your personal/health information; • How the security of your personal/health information was compromised.

	<p><i>Details of conduct complained about:</i></p>
7	<p>When did the conduct occur? <i>(Please be as specific as you can)</i></p>
8	<p>When did you first become aware of this conduct? Please provide the date:</p> <p style="text-align: center;">___/___/_____</p> <p>How did you become aware of the conduct?</p>
9	<p>You need to lodge this application within 6 months of the date you have written at Q.8. <i>If more than 6 months has passed since you became aware of the conduct, you need to ask the health service for special permission to lodge a late application. If you need to, write here to explain why you have taken more than 6 months to make your complaint:</i></p>
10	<p>What effect did the conduct have on you?</p>
11	<p>What effect might the conduct have on you in the future?</p>

12	<p>What would you like to achieve from this review? Are you seeking a particular outcome (e.g. an apology, review of hospital policies)? This will be discussed with you as part of the internal review process.</p>
13	<p>I understand that this form will be used by the health service to process my request for an internal review.</p> <p>I understand that details of my application will be referred to the Privacy Commissioner in accordance with:</p> <ul style="list-style-type: none"> • section 54 (1) of the Privacy and Personal Information Protection Act 1998, or • section 21 of the Health Records and Information Privacy Act 2002 and that the Privacy Commissioner will be kept advised of the progress of the review. <p>I would prefer the Privacy Commissioner to have:</p> <ul style="list-style-type: none"> • a copy of this application form, or • Just the information provided at Questions 6–12 (all identifying information be withheld from the Privacy Commissioner). <p>If the review is not completed within 60 days from the day on which the application was received, you are entitled to a review by the NSW Civil and Administrative Tribunal. The health service will contact you about any delay, if necessary.</p>
14	<p>YOUR SIGNATURE:</p> <p>DATE :</p>
	<p>SEND THIS COMPLETED FORM TO THE:</p> <p style="text-align: center;"> Sydney Children’s Hospitals Network Privacy Contact Officer Health Information Unit Locked Bag 4001 Westmead NSW 2145 Email: SCHN-MedicoLegal@health.nsw.gov.au </p> <p>Keep a copy for your own records</p> <p>This application form has been adopted with permission from Information and Privacy Commission NSW. This form is designed for your convenience. It is not a legal requirement that you complete this form.</p>